

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 165  
Registered No. 234

1. PLACE OF BIRTH

County Isila State Ariz.  
District or Township Globe or Village \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Ignacio Navarro  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births.  
4. Twin, triplet or other \_\_\_\_\_  
5. No., in order of birth \_\_\_\_\_  
6. Legitimate? yes  
7. Date of birth Dec. 22, 1929  
Month Day Year

8. FATHER  
Full name Lupe Navarro  
9. Residence (Usual place of abode) Isila  
If non-resident, give place and state. Ariz

10. Color or race Mexican  
11. Age at last birthday 22 (Years)

12. Birthplace (city or place) Mexico  
(State or country)

13. Occupation Pool Hall Proprietor  
Nature of Industry

14. MOTHER  
Full maiden name Josephine Perezda  
15. Residence (Usual place of abode) Isila  
If non-resident, give place and state. Ariz

16. Color or race Mexican  
17. Age at last birthday 20 (Years)

18. Birthplace (city or place) Mexico  
(State or country)

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother. 1  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 1  
(b) Born alive but now dead 0  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 p.m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature T. C. Harper  
(Physician or Midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Globe, Ariz.

Month, day, year \_\_\_\_\_ Filled 1/7 1930 J. E. Wythe Registrar

956-5222-111